



**STUDENT COURSE FEE
SUMMARY
FOR STATE
REIMBURSED BLS
TRAINING PROGRAMS**

109 Governor Street, Suite UB-55
Richmond, Virginia 23219
1-800-523-6019 (VA only)
804-864-7600
FAX: 804-864-7580

Course Coordinator Information:

Name: _____ SSN: _____

Course Information-

Course # _____ (If known)

Type of Program:(Check appropriate box)

____ First Responder Basic

____ First Responder Refresher

____ First Responder Required Topics

____ EMT - Basic

____ EMT - Refresher

____ EMT - Required Topics

____ BLS - Continuing Education Program - Main Course Topic # _____ (If known)

Program Location - Facility: _____

Course Fee Information -

TOTAL PER STUDENT FEE CHARGED: \$ _____

Student Fee Itemization: (List ALL items included in above student fee.)

Primary Textbook \$ _____

Secondary Text/Workbook \$ _____

Photocopies/Handouts/Test Materials \$ _____

Disposable Medical Supplies(Medications/Oxygen Devices, etc.) \$ _____

Disposable Trauma Supplies(Gloves/dressings/bandages, etc.) \$ _____

Other Supplies or Equipment provided(List below) \$ _____

Course Coordinator: _____ **Date Signed:** _____

***SUBMISSION OF THIS FORM (OR SIMILAR INFORMATION LISTING) REQUIRED
IF STUDENT COURSE FEES WILL BE CHARGED TO SUPPLEMENT STATE REIMBURSEMENT***